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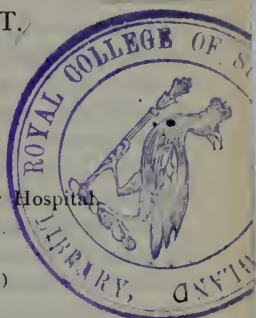
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THE LOCAL USE OF THE BICHLORIDE OF MERCURY IN
DISEASES OF THE NOSE AND THROAT.

BY JOHN N. MACKENZIE, M. D., OF BALTIMORE,

Attending Physician to the Baltimore Eye, Ear and Throat Charity Hospital.

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Some months ago, after reading a review of Koch's researches on the action of disinfectants and the extraordinary power which he found the salts of mercury to possess in the destruction of microscopic organisms (Mittheil. d. kaiserlich. Gesundheit., Bd. x., 1881), it occurred to me that I would experiment with the corrosive chloride of the metal in inflammatory conditions of the nose attended with profuse muco-purulent secretion. I did so on the theoretical assumption that, in arresting the development of micrococci in the discharge, a healthier action would be imparted to the inflammatory process, and the mucous membrane thereby placed under conditions which would favor a more rapid return to the normal state.

My first case was a man who had suffered for many years from a mucopurulent nasopharyngeal catarrh (non syphilitic) for which he had undergone almost every variety of treatment, but without alleviation of his condition. The discharge was very profuse, but without odor; the septum narium was perforated and the laryngeal membrane the seat of moderate catarrhal inflammation. Sleep was rendered unquiet by a sense of impending suffocation induced by the accumulation of crusts in the throat, whose expulsion was accomplished with great difficulty. After removing the hardened crusts, which came away as casts of the regions which they occupied, the nose, pharynx and larynx were sprayed thoroughly with a solution of the bichloride of mercury

in water (grs. ij ad Oj), and he was given some of the solution to use at home as a gargle and nasal wash. The edges of the perforation were touched with pure tincture of iodine. In five days the discharge had become scarcely appreciable and in ten had ceased completely. Apart from hygienic measures, no other treatment was used. The use of the mercury was discontinued. Six weeks later the patient called at my office to report that he had had no return of his trouble.*

CASE 2.—A young lady, from whom I had removed the pharyngeal tonsil and hypertrophied membrane covering the lower turbinated bones for chronic nasal catarrh, still had some discharge from the left nostril which persisted in spite of orthodox treatment. A few days use of the bichloride in spray caused the discharge to disappear. She discontinued treatment, but two weeks later, returning home from a ball in a state of profuse perspiration, caught a cold which led to a reappearance of the discharge. This diminished rapidly, however, under the mercury spray.

CASE 3.—Atrophic catarrh (simple ozæna) in a young girl. After three applications of the spray, the offensive odor from the nose and mouth was completely removed; the nasal discharge was increased in amount, but free from fœtor.

*He has had since a return of the discharge from exposure which he checked promptly, however, with the original solution.

CASE 4.—Syphilitic ozæna and mucous patches on the tonsils in a young negress—horrible fœtor of the breath and from the nose removed entirely in one or two applications.

CASE 5.—Post-nasal catarrh (first stage) in a boy; treated for several weeks with carbolized alkaline spray iodoform, boracic acid, etc., without effect—decided improvement in a few days under the bichloride. So marked was the difference in effect produced by the two lines of treatment that the patient voluntarily requested that the bichloride be immediately substituted for the remedies which had been previously employed.

Encouraged by the success which followed its exhibition in the above cases, I began its use, to the exclusion of all other sprays at my clinic at the hospital and in my office, and so far have reason to be gratified with the result. At first I used a solution of two grains to the pint, but found that in one or two cases it produced a soreness of the nose and throat with slight epistaxis which lasted for some hours after its administration. The strength of the solution was accordingly diminished. The formula I usually employ is as follows:

R_y Hydrarg. bichlor., gr. ss.
Aq. laur. ceras., ʒi.
Aq. q. s. ad ʒviiij.

M.

This may be increased in strength, according to circumstances. In the above dilution, the drug is perfectly innocuous as far as its effects on the general system are concerned. In using this solution in the nose, the patient should be directed to expel any mucus which perceptibly clogs the passage; when this is very thick and tenacious, or where crusts are present, these should be removed before applying the remedy; the nose should then be thoroughly sprayed with the anterior, and the nasopharynx with the retro-nasal tube.

This should be done once daily until improvement takes place. In a stronger solution (grs. v—vj ad Oi) it acts as a destructive (corrosive) agent. In one patient, whose nostril was blocked by a posterior turbinated hypertrophy, I used the strong solution through the nares and in a few minutes afterward removed the redundant tissue with the *écraseur*. The superficial layers of the mucous membrane were found completely destroyed by the corrosive action of the mercury. I would not, therefore, recommend its use in this strength to those who are unable to watch its action with the rhinoscopic mirror. In some instances I have exhibited the bichloride internally (commencing with gr. $\frac{1}{2}$) in conjunction with its local application in the nose, and I may add that I have found this preparation of mercury more generally useful in catarrhal conditions of this region than the biniodide of the metal as recommended by some practitioners.

As a disinfectant in ozæna and fœtor of the breath from pharyngeal disease it surpasses any remedy I have yet experimented with. It will often remove the odor which carbolic acid and other well-known agents have failed to dissipate. The only objection which its use as a mouth-wash involves is its disagreeable taste, but this is fully compensated for by the disappearance of the odor from the breath.

In atrophic nasal catarrh it is an excellent palliative and seems to increase, and at the same time give a healthier character to the secretion; but I am unprepared to say whether it exerts any curative effect upon the disease.

In my own person, I succeeded in aborting an attack of acute coryza by spraying the nostrils several times with the bichloride solution.

In chronic nasal catarrh its effects are also decided. At first there is an increase in the amount of secretion,

which is occasionally slightly tinged with blood. In a few days this diminishes in quantity, becomes less tenacious, and, in some cases, ceases altogether. It cleanses the passage thoroughly and at the same time exerts an agreeable astringent effect which lasts for some time. The drug, besides thoroughly disinfecting, acts as a mild irritant, stimulating the glandular function of the mucous membrane, and exciting it to a healthier reaction. Rapid and decided amelioration may be expected in the earlier stages of hypertrophic catarrh; but when the hypertrophy has advanced far enough to diminish the lumen of the naris, nothing can take the place of operative or destructive measures.

It is not my purpose to overestimate the influence of the bichloride of mercury in the local treatment of catarrhal inflammations of the nasolaryngeal cavities. I simply claim that it is superior to many of the well-known local remedies which are used in the treatment of catarrh; that in so far as my experience goes, it is an excellent and trustworthy palliative; that in some cases, where operative or destructive methods were contraindicated, it has caused a cessation of the inflammatory process and a return to the normal state; and that as a corrective of the odor in foetid conditions of the nose and pharynx it is invaluable.

